

CDAC Behavioral Healthcare, Inc.

Women and Family Intervention Services (WFIS) Program

Communication Guidelines

The WFIS program may use various forms of electronic means of communicating to provide and/or coordinate your services. Electronic communication may include, but is not limited to cellular phone calls, SMS text messages, emails, and telehealth meetings. Recognizing that all electronic communication is not secure, there is some risk that any protected health information may be disclosed to, or intercepted by, unauthorized third parties. For telehealth meetings, both the individuals receiving services and the WFIS employee are responsible for assuring they are in a quiet, private space for to ensure confidentiality is maintained.

Confidential communication (sensitive subject matters) should not be discussed via email/text. Text messages will be used solely for the purposes of coordinating face to face contact and/or phone calls. If you do not adhere to these guidelines, email/text availability will be terminated. Encrypted messages are the most protected form of communication. However, the WFIS program does not presently use an encryption program although all computers are password protected.

Electronic Communication Consent and Release

When I exchange Protected Health Information (PHI) electronically with a member of the WFIS program, I am solely responsible for protecting my own privacy and confidentiality, at my own location. PHI can be defined as *any individually identifiable health information relating to physical or mental health status, provision of health care, or the payment of health care.*

By signing this form, I acknowledge that I understand it is my responsibility alone to ensure the privacy of my end of any electronic communications. I hold CDAC and its affiliates blameless should any violation of my privacy occur due to my error. I have been informed that CDAC has on file for me to read and possess a copy if I require, a full list of guidelines and regulations for which CDAC is compliant.

Individual Signature / Date

Individual's name (printed)

WFIS Case Manager, Credentials / Date